



APPLICATION FOR ENROLLMENT

Date of Application: _____

Enrollment for: **Kinder** 1st 2nd 3rd 4th 5th 6th 7th 8th

STUDENT INFORMATION

First Name: _____ Last Name: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Resides in School District (Name and #): _____

Date of Birth: _____ Date of Baptism: _____ Sex: M F

School Last Attended: _____ Grade Level Completed: _____

Student resides with (*check one*): Both Parents Shared Custody Guardian Mother Father

Ethnicity: _____ Referred By: _____

FAMILY INFORMATION	Parent/Guardian	Parent/Guardian
Relationship to Student		
First and Last Name		
Home Address (if different from student)		
City, State, Zip Code		
Home Phone Number		
Cell Phone Number		
Email Address		
Place of Employment		
Occupation		
Years Working at Current Job		
Normal Working Hours		
Business Address		
City, State, Zip Code		
Business Phone Number		
Business Email		
Marital Status		

Other children in the family:

Name: _____ Age: _____ Grade: _____ Sex: _____ School: _____

Name: _____ Age: _____ Grade: _____ Sex: _____ School: _____

Name: _____ Age: _____ Grade: _____ Sex: _____ School: _____

Name: _____ Age: _____ Grade: _____ Sex: _____ School: _____

ADDITIONAL INFORMATION

Local Church Membership: _____ City: _____ Pastor: _____

Youth Director/D.C.E.: _____ Church Phone Number: _____

Religious Denomination: _____ Does child attend Sunday School? Yes No

FINANCIAL AGREEMENT

I certify that the information given is complete and accurate. I also agree to fulfill all financial obligations and to adhere to the policies and regulations of Hope Lutheran School.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Administrators Approval: _____ Date: _____